

Ideology and Insanity – Essays on the Psychiatric Dehumanisation of Man

Thomas S Szasz, 264 pages, London, £4.95, Marion Boyars, 1983.

When in the early 1960s I was studying psychology, the scientific explanation of behaviour reigned supreme; psychoanalytic theory and practice was, under the influence of H J Eysenck, debunked as invalid; it seemed but a matter of time before a combination of behaviourism, neuropsychology and neurochemistry would provide a complete account of human experience and a rational basis for the human sciences.

In the mid-1980s we have much less confidence: all kinds of doubts have crept in as to limitations of scientific method and fundamental questions are being asked about the professional and social context in which this method is used in psychiatry and psychology. Much attention is now given to issues such as the rights of involuntary mental patients and the widespread use of psychotropic drugs, twenty years ago heralded as *the* great breakthrough in 20th century psychiatry.

This change owes much to the work of Thomas Szasz. His seminal book *The Myth of Mental Illness* first published in 1961 qualified him as public enemy number one in the eyes of orthodox psychiatrists. Now follows the present collection of essays, all written in the 1960s. They cover a wide range of topics: not only his favourite target, the treatment of the involuntary mental patient, but also the role of psychiatrists in schools and the status of the insanity

plea in court; the status and use of classification in psychiatry and the ideology of community mental health services. He attacks once again the concept of mental illness as a label to stigmatise, segregate and control those persons who annoy or disrupt others and society; the illegitimate application of medical models to personal behaviour and distress which only properly belong to physical illness; and the failure of doctors to see symptoms as related to personal coping-strategies. He favours legal models for the relationship of doctor to patient and the contract between them; he argues strongly for the limitation of the relationship to a voluntary contract freely entered into by the patient. His ideal paradigm is of course the psychoanalytic treatment situation; indeed he advocates the splitting of the psychiatric fraternity into 'defence' and 'prosecuting' psychiatrists, the one whose contract is entirely to argue for and treat the patient who has chosen and paid him for this purpose; the other to argue for the State, relatives or community seeking to limit his liberties; the case to be heard in a legal context with rules of evidence etc.

The attraction of Szasz's work, of which these essays are typical, lies in his polemical style and his ability to expose mystification in 'professional' concepts and practice, which allies him with Illich, Laing and Foucault. More than any other psychiatrist he has argued (from inside his profession) that psychiatrists should be far more scrupulous in supporting the autonomy of the patient in deciding his own destiny and defending his civil liberties.

However, his propositions are not unflawed; as Ian Kennedy argues in his 1980 Reith lectures, to say that mental (as opposed to physical) illness is not a thing and therefore cannot be invoked

in any causal sense for treatment or restraint is misconceived. Illness is essentially a social attribution by doctor to patient conferring certain privileges and obligations between them, for which there may or may not be 'objective' evidence in terms of physical or behavioural abnormality. There is therefore no reason why this attribution should not be applied to behavioural as well as to physical deviations. Again, his enthronement of the psychoanalytical contract as the paradigm of the ideal treatment situation is naive because it ignores the subtle attributions and assumptions by both parties which bind them just as effectively as does a mental health order. Finally these essays are as tiresomely repetitious in their basic hostility to the activities of forensic psychiatrists as to any attempt to extend State and community mental health services. These he sees as oppressively imperialistic, imposing an arbitrary norm of individual behaviour and mental health, deviations from which are construed as 'illness', to be corrected by the men in white. I doubt whether this is their only function – it is at least possible that the defects in such a system lie, not in the principle of extending help to as many of those in need as can be reached, but in the model being used by the helpers. If we are to have a service which would resurrect the meaning of distress rather than merely labelling it, mutual exploration, time and empathy are required; qualities not emphasised in the training of doctors, as is evidenced by the disillusionment of many who use the services and then turn to alternative psychological therapies and alternative medicine.

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